

The US Marshal Service received 42 civil process for case # 3:18cv752 with a check #72116 in the amount of \$378.84. Per the US Marshals policy and procedures "for each item served by mail or forwarded for service in another judicial district: \$8.00". At this time, the US Marshal Service is not able to serve the 42 civil process for case # 3:18cv752 until we receive the balance of \$629.16 for the service.

FILED

2019 JUN -7 PM 2:20

U.S. DISTRICT COURT CLERK
NORTHERN DISTRICT
OF INDIANA

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT Elisabeth Shelley, Case Manager

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 Van Nuys Rd, New Castle, IN 47362

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Ms. Elisabeth Shelley, can be located at the New Castle Fold

Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas(219) 785-2534 10/29/18**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1-42District of
OriginNo. 27District to
ServeNo. 27

Signature of Authorized USMS Deputy or Clerk

Ji

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

6/12/19

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Ji

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT { E. Lowe, Unit Team Manager
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1000 Van Nuys Road New Castle, IN 47362

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Mr. E. Lowe, can be located at the New Castle Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00AM through 3:00PM (

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

2-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>SUMMONS</i>

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Michael Osburn, Program Director
302 W. Washington St. Rm E334 Indianapolis, IN 46204

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be served with this Form 285

1/2

Number of parties to be served in this case

1/2

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Mr. Michael Osburn, can be located at the Indiana Government Center 302 W. Washington St. Room E334 Monday through Friday 9:00AM through 3:00pm (317)232-5777

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Leonard Thomas**(219) 785-2555 10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>3-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	--------------------------------------------	----------------	---------------	------------------	-----------------------------------------------------

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
F. OWENS, Supervisor OF Classification
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 Van Nuys Rd. New Castle, IN 47362

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-204
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

F. OWENS, can be located at the New Castle Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00am through 3:00pm

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2534

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

4-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Ji

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Keith Butts, Superintendant

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 Van Nuys Rd. New Castle, IN 47362

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-200
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

1/2

Number of parties to be
served in this case

1/2

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Keith Butts, Superintendant can be located at the New
Castle Correctional Facility 1000 Van Nuys Rd

Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas(219) 785-255410/29/18**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

5-42District of
OriginNo. 27District to
ServeNo. 27

Signature of Authorized USMS Deputy or Clerk

L

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Deanna Dwenger, PHYS D
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
302 W. Washington St. Rm E334 Indianapolis, IN 46204

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

LEONARD THOMAS #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

3/2

Number of parties to be
served in this case

3/2

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Doctor Deanna Dwenger, can be located at the Indiana
Government Center 302 W. Washington St. Room E334

Monday through Friday 9:00 AM through 3:00 PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

TELEPHONE NUMBER

DATE

Leonard Thomas

☐ DEFENDANT

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

6-42

District of
Origin

No. 37

District to
Serve

No. 37

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMASCOURT CASE NUMBER
3:18CV752DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE
AT

Dr. Pintel, Psychiatrist

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

302 W. Washington St. RM E334 Indianapolis, IN 46204

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175874 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Doctor Pintel, can be located at the Indiana Govern-
ment Center 302 W. Washington St. Room E334

Fold

Monday through Friday 9:00AM through 3:00 PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(317) 785-2554

DATE

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

7-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Eddie Taylor, PhD

302 W. Washington St. Rm E334 Indianapolis, IN 46204

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-204
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Doctor Eddie Taylor, can be located at the Indiana Govern-
ment Center 302 W. Washington St. Room E334

Monday through Friday 9:00AM through 3:00pm (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process
B-42

District of
Origin
No. 27

District to
Serve
No. 27

Signature of Authorized USMS Deputy or Clerk

Ji

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Vicki E. Burdine, MD
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

302 W. Washington St. Rm E334 Indianapolis, IN 46204

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Doctor Vicki E. Burdine, can be located at the Indiana
Government Center 302 W. Washington St. Room E334

Monday through Friday at 9:00 AM through 3:00 PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

(317) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

9-42

District of
Origin

No. 22

District to
Serve

No. 22

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

USDC IN/ND case 3:18-cv-00752-JD-MGG document 13 filed 06/07/19 page 11 of 43

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Mark Levenhagen, Executive Director OF Mental Health</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>302 W. Washington St. Rm E334 Indianapolis, IN 46204</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<i>12</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case	<i>12</i>
		Check for service on U.S.A.	<i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Mr. Mark Levenhagen, can be located at the Indiana Government Center 302 W. Washington St Room E334

Monday through Friday at 9:00 AM through 3:00 PM (317) 232-5777

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER DATE
Leonard Thomas *(219) 785-2554* *10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>10-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>L</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Cara Misetic, Director of Mental Health</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>303 W. Washington St. Rm E334 Indianapolis, IN 46204</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<i>42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case	<i>42</i>
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold		Fold	
<i>Ms. Cara Misetic, can be located at the Indiana Government Center 303 W. Washington Street Room E334</i>			
<i>Monday through Friday at 9:00 AM through 3:00 PM (317) 232-5777</i>			
Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
<i>Leonard Thomas</i>		<i>(219) 785-2554</i>	<i>10/29/18</i>
<input checked="" type="checkbox"/> PLAINTIFF			
<input type="checkbox"/> DEFENDANT			

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>11-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/14/19</i>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Jack Hendrix, Director of Classification</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>302 W. Washington St. Rm E334 Indianapolis, IN 46204</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<i>1/2</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case	<i>1/2</i>
		Check for service on U.S.A.	<i>✓</i>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			
<div style="display: flex; justify-content: space-between;"> Fold Fold </div> <i>Mr. Jack Hendrix can be located at the Indiana Government Center 302 W. Washington Street Room E334 Monday through Friday at 8:00 AM through 3:00 PM (317) 232-5777</i>			
Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>(317) 785-2557</i> DATE <i>10/29/18</i>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>12-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i> Signature of Authorized USMS Deputy or Clerk <i>JL</i> Date <i>3/14/19</i>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Scot R. Hancock, Behavior Health Specialist</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47362</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 47391</i>		Number of process to be served with this Form 285 <i>42</i>	
		Number of parties to be served in this case <i>42</i>	
		Check for service on U.S.A. <input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

*Scot R. Hancock, can be located at the New Castle Cor-
rectional Facility 1000 Van Nuys Road*

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Leonard Thomas**(219) 785-2554**10/29/18***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>13-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Ms. A. Smith, Behavior Health Specialist</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47342</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<i>Y2</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case	<i>Y2</i>
		Check for service on U.S.A.	<i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Ms. A. Smith, can be located at the New Castle Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT
Leonard Thomas (219) 785-2554 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>14-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Ms. Stevens, Mental Health Professional

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 Van Nuys Rd. New Castle, IN 47302

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

*Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391*

Number of process to be
served with this Form 285

Y2

Number of parties to be
served in this case

Y2

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

*Ms. Stevens, can be located at the New Castle
Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00AM through 3:00 PM*

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(219) 785-2554

DATE

*10/29/18***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

*15-42*District of
OriginNo. *27*District to
ServeNo. *37*

Signature of Authorized USMS Deputy or Clerk

Ji

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>SUMMONS</u>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Mrs. Black, Mental Health Professional
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1000 Van Nuys Rd. New Castle, IN 47362

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-306
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be served with this Form 285	<u>42</u>
Number of parties to be served in this case	<u>42</u>
Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Mrs. Black, can be located at the New Castle Correctional Facility 1000 Van Nuys Road Fold

Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: <u>Leonard Thomas</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(219) 785-2534</u>	DATE <u>10/29/18</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>16-42</u>	District of Origin No. <u>22</u>	District to Serve No. <u>22</u>	Signature of Authorized USMS Deputy or Clerk <u>L</u>	Date <u>3/14/19</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Mrs. Mellander, Mental Health Professional		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Van Nuys Rd. New Castle, IN 47342		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391		Number of process to be served with this Form 285	42
		Number of parties to be served in this case	42
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Mrs. Mellander, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (219) 785-2554	DATE 10/29/18
-------------------------------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------	------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 17-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk Li	Date 3/14/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Mary K. Heimann, Mental Health Professional</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47362</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<i>42</i>
<i>Leonard Thomas # 175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case	<i>42</i>
		Check for service on U.S.A.	<i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Mary K. Heimann, can be located at the New Castle Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Leonard Thomas**(219) 785-2554**10/29/18***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1842</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Ji</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	Dr. Keris, Unit Team Leader		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Van Nuys Rd. New Castle, IN 47362		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	42
Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391		Number of parties to be served in this case	42
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Doctor Keris, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT
Leonard Thomas (219) 785-2554 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 19-42	District of Origin No. 22	District to Serve No. 22	Signature of Authorized USMS Deputy or Clerk Li	Date 3/14/19
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Donaldda BRIFFIN, MRC			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Van Nuys Rd. New Castle, IN 47312			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	42
Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391		Number of parties to be served in this case	42
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Mrs. Donaldda BRIFFIN, can be located at the New Castle Correctional Facility 1000 Van Nuys Road

Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 20-42	District of Origin No. 21	District to Serve No. 22	Signature of Authorized USMS Deputy or Clerk Li	Date 3/14/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Andrea L. HHH, L P N		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Van Nuys Rd. New Castle, IN 47362		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1/2
Leonard Thomas #175874 B2-206 Westville Correctional Facility 5501 So. 1100 West Westville, IN 46391		Number of parties to be served in this case	1/2
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Andrea L. HHH, can be located at the New Castle Correctional Facility 1000 Van Nuys Road Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney/other Originator requesting service on behalf of: Leonard Thomas	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (319) 785-2554	DATE 10/29/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 21-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk 2	Date 3/14/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

USDC IN/ND case 3:18-cv-00752-JD-MGC document 13 filed 06/07/19 page 23 of 43

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>SUMMONS</i>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Patrick Krueger, Supervisor OF Classification
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>	Number of process to be served with this Form 285 <i>12</i>
	Number of parties to be served in this case <i>12</i>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

*Patrick Krueger, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00 AM through 3:00 PM (219) 785-2354*

Signature of Attorney other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>(219) 785-2354</i>	DATE <i>10/29/18</i>
--------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	-------------------------------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>22-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>J.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. District Court
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <u>SUMMONS</u>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>Andrew Pazera, Assistant Superintendent</u> <u>5501 S. 1100 West Westville, IN 46391</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
<u>Leonard Thomas #175876 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>		Number of process to be served with this Form 285	<u>12</u>
		Number of parties to be served in this case	<u>12</u>
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Andrew Pazera, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00 AM through 3:00 PM (219) 785-2554
Signature of Attorney other Originator requesting service on behalf of: Leonard Thomas ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER (219) 785-2554 DATE 10/29/18 Fold

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>23-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>Li</u>	Date <u>3/14/19</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <u>SUMMONS</u>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mark Sevier, Superintendent</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>5501 S. 1100 West Westville, IN 46391</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<u>42</u>
<u>Leonard Thomas #175874 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>		Number of parties to be served in this case	<u>42</u>
		Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Mark Sevier, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00 AM through 3:00 PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT(219) 785-255410/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>24-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>3/14/19</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

PRIOR EDITIONS MAY BE USED

Form USM-285

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Ms. K. Cox, Behavior Health Specialist</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47343</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of process to be served with this Form 285	<i>42</i>
		Number of parties to be served in this case	<i>42</i>
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

*Ms. K. Cox, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00AM through 3:00 PM*

Signature of Attorney/other Originator requesting service on behalf of: *Leonard Thomas* ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER *(219) 785-2554* DATE *10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>25-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Jr</i>	Date <i>3/19/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Allison C. Bouillon, Behavior Health Specialist

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1000 Van Nuys Rd, New Castle, IN 47368

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 BA-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

12

Number of parties to be
served in this case

12

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Allison C. Bouillon, can be located at the New Castle Cor-
rectional Facility 1000 Van Nuys Road

Fold

Monday through Friday 9:00AM through 3:00 PM

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

26-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>SUMMONS</i>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Ms. Smith, Behavior Health Specialist
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1000 Van Nuys Rd, New Castle, IN 47362

SEND NOTICE OF SERVICE COPY TO REQUESTER/AT NAME AND ADDRESS BELOW

*Leonard Thomas #175876 B3-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391*

Number of process to be served with this Form 285	<i>42</i>
Number of parties to be served in this case	<i>42</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

*Ms. Smith, can be located at the New Castle Cor-
rectional Facility 1000 Van Nuys Road
Monday through Friday 9:00AM through 3:00 PM*

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>22-42</i>	District of Origin No. <i>22</i>	District to Serve No. <i>22</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/19/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____ ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Mrs. Darling, Behavior Health Specialist</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47342</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<i>42</i>
<i>Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of parties to be served in this case	<i>43</i>
		Check for service on U.S.A.	<i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

*Mrs. Darling, can be located at the New Castle Correctional Facility 1000 Van Nuys Rd.
Monday through Friday 9:00AM through 3:00PM*

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER DATE
Leonard Thomas *(219) 785-2554* *10/29/18*

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>28-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>Li</i>	Date <i>3/18/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN D. Sterling, Behavior Health Specialist		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 Van Nuys Rd. New Castle, IN 47302		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	Y 2
Leonard Thomas #175876 B3-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391		Number of parties to be served in this case	Y 2
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

M/R D. Sterling, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00 AM through 3:00 PM

Signature of Attorney/other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT
Leonard Thomas
TELEPHONE NUMBER (319) 785-2554 DATE 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 27-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk 2	Date 3/14/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <i>SUMMONS</i>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Bradley S. Zachary, Behavior Health Specialist</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1000 Van Nuys Rd. New Castle, IN 47362</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
<i>Leonard Thomas #175876 B2-204 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391</i>		Number of process to be served with this Form 285	<i>1/2</i>
		Number of parties to be served in this case	<i>1/2</i>
		Check for service on U.S.A.	<i>✓</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

*Bradley S. Zachary, can be located at the New Castle Correctional Facility 1000 Van Nuys Road
Monday through Friday 9:00 AM through 3:00 PM*

Fold

Signature of Attorney/other Originator requesting service on behalf of: <i>Leonard Thomas</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>(219) 785-2554</i>	DATE <i>10/29/18</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>30-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>J.</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	--------------------------------------------	----------------	---------------	------------------	-----------------------------------------------------

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <i>SUMMONS</i>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Ryan Hicks, Correctional Officer
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876.02206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be served with this Form 285	<i>42</i>
Number of parties to be served in this case	<i>42</i>
Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Ryan Hicks, Correctional Officer can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN Monday through Friday 9:00AM through 3:00PM (219) 785-2534 46391

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2534

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>31-42</i>	District of Origin No. <i>27</i>	District to Serve No. <i>27</i>	Signature of Authorized USMS Deputy or Clerk <i>L</i>	Date <i>3/14/19</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT { SUSAN DOWNING, Intake Nurse

ADDRESS (Street or RFD, Apartment No., City State and ZIP Code)

5301 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

LEONARD THOMAS # 175876 B2-204
Westville Correctional Facility
5301 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

SUSAN DOWNING, Intake Nurse can be located at the Westville Correctional Facility 5301 S. 1100 West Westville, IN 46391 Monday through Friday 9:00 AM through 3:00 PM (219) 785-2554

Signature of Attorney/other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

32-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

2-

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jerome Taylor, Caseworker		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5501 S. 1100 West Westville, IN 46391		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	42
Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391		Number of parties to be served in this case	42
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Jerome Taylor, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00 AM through 3:00 PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER: (219) 785-2334 DATE: 10/29/18

Signature: Leonard Thomas

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 33-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk J.	Date 3/14/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>SUMMONS</u>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Zhenay T. S. Newhouse, Caseworker
ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)
5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Leonard Thomas #175876 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>	Number of process to be served with this Form 285 <u>42</u>
	Number of parties to be served in this case <u>42</u>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Zhenay T. S. Newhouse can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00 AM through 3:00 PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of: <u>Leonard Thomas</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(219) 785-2554</u>	DATE <u>10/29/18</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>34-42</u>	District of Origin <u>No. 22</u>	District to Serve <u>No. 22</u>	Signature of Authorized USMS Deputy or Clerk <u>2</u>	Date <u>3/17/19</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

- PRINT 5 COPIES:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Nicole Swinford, Case Worker		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5501 S. 1100 West Westville, IN 46391		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	42
Leonard Thomas #175876 B2-206 Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391		Number of parties to be served in this case	42
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Nicole Swinford, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00AM through 3:00PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 35-42	District of Origin No. 27	District to Serve No. 27	Signature of Authorized USMS Deputy or Clerk L.	Date 3/14/19
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>SUMMONS</u>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Ms. Athen, Psychologist
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be served with this Form 285	<u>42</u>
Number of parties to be served in this case	<u>42</u>
Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Ms. Athen, Psychologist can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391 Monday through Friday 9:00AM through 3:00 PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>36-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>Li</u>	Date <u>3/17/19</u>
-----------------------------------------------------------------------------------------------------------------------------------	-------------------------------	-------------------------------------	------------------------------------	-----------------------------------------------------------	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	-------------------------------------------	----------------	---------------	------------------	-----------------------------------------------------

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Ms. Keeten, Psychologist
5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Ms. Keeten, Psychologist can be located at the Westville
Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00AM through 3:00PM (219) 785-2554

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

37-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Charles Faenza, Psychologist

ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)

5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Charles Faenza, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391
Monday through Friday 9:00AM through 3:00 PM (219) 785-2554

Signature of Attorney/other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

38-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Li-

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Michelle Boren, Mental Health Specialist

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas # 175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Michelle A. Boren, can be located at the Westville Cor-
rectional Facility 5501 S. 1100 West Westville, IN 46391

Monday through Friday 9:00 AM through 3:00 PM (219) 785-2554

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

39-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

2

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS	COURT CASE NUMBER 3:18CV752
DEFENDANT JACK HENDRIX, ET AL	TYPE OF PROCESS <u>SUMMONS</u>

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Dr. Monica Wala, Psy.D Lead Psychologist
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 B2-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be served with this Form 285	<u>42</u>
Number of parties to be served in this case	<u>42</u>
Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Doctor Monica Wala, can be located at the Westville Correctional Facility 5501 S. 1100 W Westville, IN 46391

Monday through Friday 9:00AM through 3:00 PM (219) 785-2554

Signature of Attorney/other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2554

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>42-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>Li</u>	Date <u>3/14/19</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____ ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
LEONARD THOMAS

COURT CASE NUMBER
3:18CV752

DEFENDANT
JACK HENDRIX, ET AL

TYPE OF PROCESS

SUMMONS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

John L. Salver, Unit Team Manager
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

5501 S. 1100 West Westville, IN 46391

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Leonard Thomas #175876 BA-206
Westville Correctional Facility
5501 S. 1100 West
Westville, IN 46391

Number of process to be
served with this Form 285

42

Number of parties to be
served in this case

42

Check for service
on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

John L. Salver, can be located at the Westville Cor-
rectional Facility 5501 S. 1100 West Westville, IN 46391

Monday through Friday 9:00AM through 3:00PM (219) 785-2354

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Leonard Thomas

(219) 785-2354

10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

41-42

District of
Origin

No. 27

District to
Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Li

Date

3/14/19

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF LEONARD THOMAS		COURT CASE NUMBER 3:18CV752	
DEFENDANT JACK HENDRIX, ET AL		TYPE OF PROCESS <u>SUMMONS</u>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Dr. Barbara Eichman, Psychiatrist</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>5501 S. 1100 West Westville, IN 46391</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<u>42</u>
<u>Leonard Thomas #175876 B2-206</u> <u>Westville Correctional Facility</u> <u>5501 S. 1100 West</u> <u>Westville, IN 46391</u>		Number of parties to be served in this case	<u>42</u>
		Check for service on U.S.A.	<u>✓</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Doctor Barbara Eichman, can be located at the Westville Correctional Facility 5501 S. 1100 West Westville, IN 46391

Monday through Friday 9:00AM through 3:00PM (219) 785-2554

Signature of Attorney or other Originator requesting service on behalf of: Leonard Thomas ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER (219) 785-2554 DATE 10/29/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>42-42</u>	District of Origin No. <u>27</u>	District to Serve No. <u>27</u>	Signature of Authorized USMS Deputy or Clerk <u>J.</u>	Date <u>3/14/19</u>
-----------------------------------------------------------------------------------------------------------------------------------	-------------------------------	-------------------------------------	------------------------------------	-----------------------------------------------------------	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED